PART B - FEE(S) TRANSMITTAL

PARADEMAN	Complete and send this form, together with applicable fee(s), to: M OF E NSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and performed and the second content of the second con					Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000				
INSTRUCTIONS: appropriate, All for	This form sho	uld be used for trans dence including the P	mitting the ISSUI	FEE and PUB	JCATION FEE (if reg on of maintenance focs	uired). Blocks I through 5 at will be mailed to the current s; and/or (b) indicating a sepa	correspondence address as			
CURRENT CORRES	PONDENCE ADDR	EES (Note: Use Block 1 for a		specifying a new	Note: A certificate of	f mailing can only be used for his certificant cannot be used it tall paper, such as an assignment the of mailing or transmission.	or domestic mailings of the			
SUITE 1600	LL COLLEC	GE AVENUE				ertificate of Mailing or Trans this Fec(s) Transmittal is being with sufficient postage for fir nil Stop ISSUE FEE address PTO (703) 746-4000, on the d	mission			
06/01/2005 FGENERA 0						-	(Depositor's name)			
01 FC:1501 1400	.00 DA .00 DA						(Signamo)			
02 FC:8001 APPLICATION		FILING DATE	F	TRST NAMED IN	PENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
09/405,094		09/27/1999	PETER M	ARTIN KENNE	TH COTTREAU	9-13528-57US	9114			
TITLE OF INVEN		CED DUAL COUNT	ER ROTATING R	<u> </u>	CONTROL SYSTEM PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovision		NO	\$1400		\$0	\$1400	07/05/2005			
· ·	EXAMINER	· · ·	ART UNI	it	CLASS-SUBCLASS	7				
	ÆHRA, INDE	R P	2666		370-224000	,				
CFR 1,363). Change of the Address form P	mespondence a TO/SB/122) arti- s" indication (or v03-02 or mor- nired. ME AND REST & Unices an as at forth in 37 Cl		Correspondence nion form of a Customer E PRINTED ON T clow, no assignee of this form is NOT	(1) the names or agents OR, if (2) the name or registered at the control of the c	f a single firm (baving a ney or agent) and the na tent attorneys or agents. will be printed. int or type)	s a member a 2.0gilvy. I more soft up to If no name is 3.	Renault, IIP			
Please check the ag	propriate assign	oce category or catego	rica (will not be pri	inted on the pater): 🖵 Individual 🔀	Corporation or other private gr	oup entity Governmen			
4a. The following t	cc(s) are enclos	cd: ntity discount permitte	4b.	Payment of Fee(A check in the Payment by c	s): e amount of the fee(s) is redit card, Form PTO-20	enclosed.				
		status indicated above ENTITY status. See :	•	☐ b. Applicant i	s no longer claiming SM	ALL ENTITY status. See 37 C	FR 1.27(g)(2).			
						isly paid issue fee to the applic gistered attorney or agent; or t				
Authorized Sign	anns	Durche	~~~~	>	Darc	May 31, 2005				
Typed or printe		R. Wood			Registration					
This collection of it an application. Consubmitting the conthis form and/or sur Box 1450, Alexand Alexandria, Virgin Under the Paperwo	nformation is reifidentiality is g pleted applicati ggestions for re- ria, Virginia 22 a 22313-1450, rk Reduction A	quired by 37 CFR 1.3 overned by 35 U.S.C. ion form to the USPT ducing this burden, at 313-1450. DO NOT	11, The information 122 and 37 CFR I 0. Time will vary could be sent to the SEND FEES OR Coare required to res	n is required to old, 14. This collection depending upon the Chief Informatic COMPLETED FOr pand to a collection.	stain or remin a benefit be on is estimated to take I the individual case. Any n Officer. U.S. Patent at RMS TO THIS ADDRE on of information unless	y the public which is to file (ag 2 minutes to complete, includi comments on the amount of the d Trademark Office, U.S. Der SS. SEND TO: Commissioner it displays a valid QMB contro	d by the USPTO to process ng gathering, preparing, an me you require to complex artiment of Commerce, P.C. for Parents, P.O. Box 1450 I number.			

PTOL-85 (Rev. I2/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE





Facsimile

Our File:9-13528-57US MRW/ma

Confidentiality Message

This communication sent by facsimile is confidential, may be privileged and is intended for the exclusive use of the addressee. Any other person is strictly prohibited from disclosing, distributing or reproducing it. If the addressee cannot be reached or is unknown to you, please destroy this message and all copies. Thank you.

Number of pages including this cover sheet:

Date:

May 31, 2005

From:

Max R. Wood

Telephone:

(613) 780-8681

E-Mail:

mwood@ogilvyrenault.com

To	Company	City	Facsimile
MAIL STOP ISSUE FEE Examiner: MEHRA, INDER P. Art Unit: 2666	United States Patent Office-Facsimile Centre	Alexandria, VA	(703) 746-4000

Re:

Application No.

09/405,094

Inventor(s):

P.M.K. Cottreau

Title:

In response to the Notice of Allowance dated April 4, 2005, attached hereto is the issue fee. payment together with related documentation.





Direct Dial: (613) 780-8681 Direct Fax: (613) 230-6706

mwood@ogilvyrenaulr.com

May 31, 2005

VIA FACSIMILE: (703) 746-4000

Mail Stop ISSUE FEE

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
U. S. A.

Sir:

Re:

United States Patent Application No.: 09/405,094

Title:

ENHANCED DUAL COUNTER ROTATING RING NETWORK

CONTROL SYSTEM

Inventors:

P.M.K. Cottreau et al.

Our File:

9-13528-57US

In response to the Notice of Allowance dated April 4, 2005, enclosed are the following documents in relation to the above-identified patent application:

- Transmittal Form, PTO Form SB/21.
- Issue Fee Transmittal form.
- "Fee Address" Indication form.
- 4. Fee Transmittal form (in duplicate) covering payment of the issue fee \$1400.00, and two printed copies of the issued patent (\$6.00).

The Commissioner is hereby authorized to charge the above-noted fees in the amount of \$1,406.00 to our Deposit Account No. 19-5113. The Commissioner is also authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 19-5113.

Respectfully submitted.

Max R. Wood Reg. No. 40,388 Agent of Record MRW/ma/Encls.

3 1 2005 20	X 613 230 670 <u>6</u>			_A	PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031 ademark Office; U.S. DEPARTMENT OF COMMERCE mostlon unloss it displays a valid OMB control number.		
Manual the Papary	work Reduction Act of 1995.	OO DBISOD	Application Number		09/405,094		
TPA	NSMITTAL		Filing Date	_	September 27, 1999		
1100	FORM		First Named Inventor	P.M.K. Cottreau et al.			
FOKW			Art Unit		2666		
		78:\	Examiner Name		MEHRA, INDER P		
(to be used for all correspondence after initial filing Total Number of Pages in This Submission			Attorney Docket Number		9-13528- 57 US		
Total Number of Pa	ages in This Submission	7	LOSURES (Check all	that apply)			
Amendment Afte Afte Afte Afte Extension of Express Ab Information Certified Co Document(Reply to Mi Incomplete Rep	Attached t/Reply or Final davits/declaration(s) of Time Request sandonment Request Disclosure Statement opy of Priority s) issing Parts/ Application ply to Missing Parts ler 37 CFR 1.52 or 1.53	Romi	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatic Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Carks OF APPLICANT, ATTO	Addréss D	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Cover letter, Issue Fee Transmittal, "Fee Address" Indication		
Firm Name			OF AFFEIGAN, ATT	JIGICE 1, C			
`	Ogilvy Renault, LLF	=					
Şignature	> Here a	R-					
Printed name	Max R. Wood						
Date May 31, 2005				Reg. No.	40,388		
L hereby certify tha	t this parecondence is	heina fec	ICATE OF TRANSMISS	TO or depo	ILING slited with the United Stales Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on		

the date shown below:

Signature Duyles.

Typed or printed name Max R. Wood, Reg. No. 40,388

Date

May 31, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2) Approved for use through 07/31/2009. OMB 0651-0032 rademark Office; U.S. DEPARTMENT OF COMMERCE

Today tion	ar the Repervork Reduction Act of 1995, no parsons are required to respond to a collection of information unless it displays a valid OMB control number							
COMPLETE TO A CONTROL OF THE PROPERTY OF THE P								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005			Application Numb	er	09/405,094			
			Filing Date		Septembe	er 2 <u>7, 1999</u>		
			First Named Inver	itor	P.M.K. Cottreau et al.			
	Examiner Name		MEHRA,	INDER P				
Applicant claims small e	ntity status.	. See 37 CFR 1.27	Art Unil			66		
TOTAL AMOUNT OF PAYM		1,406	Attorney Docket	Vo.	9-1352	8-57US		
TOTAL AMOUNT OF FATSLETT (5) 1, 100								
METHOD OF PAYMENT	(check all	that apply)						
Check Credit C		Money Order No	one Other (ple	ease identify).				
		MODE, 0.00.		ount Name: C	<u>gilvy</u> Renaul	t		
Deposit Account De	posit Account	account, the Director is h	areby authorized to:	(check all the	at apply)			
				, (=) i==di==	and bolone over	pt for the filing fee		
✔ Charge fee(s)			<u> </u>					
Charge any so	ditional fee	(s) or underpayments of t	fee(s) Cradit	any overpayi				
warning: Information on this	form may be	_{Boomé Dublic, Credit Card I}	Information should no	t be included	on this form. Pro	vida credit card		
Information and authorization i	on PTO 2038							
FEE CALCULATION								
1. BASIC FILING, SEAR	CH, AND FILING	EXAMINATION FEES	RCH FEES	EXAMINA	TION FEES			
		Small Entity	Small Entity	Fee (\$)	mall Entity	Fees Paid (\$)		
Application Type	Fce (\$)	Fee (5) Fee		200	<u>Fea (\$)</u> 100			
Utility	300	150 500						
Design	200	100 100		130	65			
Plant	200	100 300	- - -	160	80			
Reissue	300	150 500	0 250	600	300			
Provisional	200	100	0 0	0	0	Small Entity		
2. EXCESS CLAIM FEE	: S				Feê (\$)	Fee (\$)		
Fee Description Each claim over 20 (i	including '	Reiccnes)			50	25		
Each independent cla	im over 3	(including Reissucs)		,	200	100		
Each independent claim over 3 (including Reissues) Multiple dependent claims						180		
Total Claims	Fee Pald (\$)			pendent Claims Fee Paid (\$)				
20 or HP =		×= -			<u>Fce (\$)</u>	Pee Paru (9)		
HP = highest number of total daims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (S) Fee Paid (5)								
HP = highest number of Inde	pendent clair	ms paid for, if greater than 3.	•					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer It the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer It the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer It the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer It the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer It the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer It the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer It the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer It is the specification of the specificat								
Total Sheets	<u>Extra Sh</u>	HOBICS TRUTH OF			hereof Fee	(\$) <u>Fee Pald (\$)</u>		
/ 50 = (round up to a whole number) x =						Fees Paid (\$)		
Non-English Specif	ication,	Non-English Specification, \$130 fee (no small citaty discounty) —						

SUBMITTED BY			Registration No.	40.000	Telephone	(613) 780-8681
Signature	' Du - hem)	(Attorney/Agent)	40,388		(813) 780-0001
					Date	May 31, 2005
Name (Print/Type)	Max R. Wood,					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including pathering, proparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including pathering, proparing, and submitting the complete tria form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the emount of time you require to complete trias form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENIO FEES OR COMPLETED FORMS TO THIS and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.